

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Division of Developmental Disabilities (DDD)
 Employment Supports & Services

MONTHLY PROGRESS REPORT
Center-Based Employment Services

MONTH/YEAR

Please print

QUALIFIED VENDOR'S NAME	PHONE NUMBER <i>(Include area code)</i>
-------------------------	-----------------------------------------

QUALIFIED VENDOR'S ADDRESS *(P.O. Box, No., Street, City, State, ZIP)*

CONSUMER'S NAME <i>(Last, First, M.I.)</i>	EMPLOYMENT PROGRAM SPECIALIST'S NAME
--------------------------------------------	--------------------------------------

SUPPORT COORDINATOR'S NAME	DDD I.D. NO.
----------------------------	--------------

HOURS OF SERVICES RENDERED	TOTAL HOURS WORKED THIS MONTH	TOTAL MONTHLY WAGES \$
----------------------------	-------------------------------	----------------------------------

Consumer's Individual Support Plan vocational outcomes/objectives <i>(and behavioral plan objectives, as appropriate).</i>	Progress made on listed outcome(s)/objectives. If no progress, identify barriers and list plan of action.
-------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------

List relevant issues affecting consumer's ability to make a progressive move *(e.g. move into Group or Individual Supported Employment)* and plan of action to address these issues.

Describe the type of paid work the consumer is doing.

If consumer is not participating in paid work, describe in detail work-related activities the consumer was involved in during billed hours of service.

Comments

QUALIFIED VENDOR ADMINISTRATOR/DESIGNEE'S NAME	QUALIFIED VENDOR ADMINISTRATOR/DESIGNEE'S TITLE
QUALIFIED VENDOR ADMINISTRATOR/DESIGNEE'S SIGNATURE	DATE

Routing: Original – Support Coordinator, Copy – District File

Equal opportunity employer/program • Under Titles VI and VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TDD Services: 7-1-1.